

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS187AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2010
NAME OF PROVIDER OR SUPPLIER FOREDAWN GUEST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 7711 FOREDAWN DRIVE LAS VEGAS, NV 89123		
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Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 3/29/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category I residents. The census at the time of the survey was nine. The medication administration records and medications for nine residents were reviewed and two employee files were reviewed.</p> <p>The facility received a re-survey grade of D.</p>	Y 000		
Y 178 SS=F	<p>449.209(5) Health and Sanitation-Maintain Int/Ext</p> <p>NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.</p> <p>This Regulation is not met as evidenced by: Based on observation on 3/29/10, the facility failed to ensure the premises were clean and well maintained.</p>	Y 178		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 178	Continued From page 1 Findings include: *The pantry doors in the kitchen were splattered with food and dust. *The countertops in the kitchen were dirty with crumbs and dried food. *The interior of the refrigerator located in the kitchen was dirty. *The interior of the refrigerator located just off the kitchen was dirty. *Spices were spilled in a cabinet to the left of the stove. *Other cabinets in the kitchen contained crumbs and dirt. *The tile floor in the kitchen and laundry room area was dirty. *Lint was observed behind the dryer. *The bathroom off the kitchen was dirty. *The girls bathroom was dirty. *The drapes in the bedrooms were covered in dust. *The emergency light in the hallway near the front door failed to work. *The emergency light near the girls bathroom failed to work. This is a repeat deficiency from the 10/28/09 State Licensure Survey. Severity: 2 Scope: 3	Y 178			
Y 434 SS=E	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.	Y 434			

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Y 524	Continued From page 3 NAC 449.259 3. The employees of a residential facility shall: (a) Treat each resident in a kind and considerate manner. This Regulation is not met as evidenced by: Based on interview on 3/29/10, the facility failed to ensure the residents were treated in a kind and considerate manner by 1 of 1 employees (Employee #1). During interviews residents revealed Employee #1 would yell at 2 of 9 residents almost daily. This is a repeat deficiency from the 10/28/09 State Licensure survey. Severity: 3 Scope: 1	Y 524		
Y 878 SS=H	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878		

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Y 878	<p>Continued From page 4</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 3/29/10, the facility failed to ensure that 4 of 9 residents (Resident #1, #3, #7, and #9) received medications as prescribed.</p> <p>Findings Include:</p> <p>Resident #7 was prescribed: *Carisoprodol (Soma) (acute, painful musculoskeletal conditions) 350 milligrams (mg) one tablet three times a day at 7:00 AM, 12:00 PM, and 7:00 PM. Resident #7 missed: *Two doses of medication on 2/18/10 (12:00 PM and 7:00 PM). *Three doses of medication on 2/19/10, 2/20/10 and 2/21/10 (7:00 AM, 12:00 PM, and 7:00 PM). *One dose of medication on 2/22/10 (7:00 AM).</p> <p>During an interview with Resident #7 on 3/29/10 at 12:15 PM, she stated there were several times the caregiver in the facility let her prescription medications run out. Resident #7 stated she only had adverse effects to missing her medications one time and that was in February. Resident #7 stated she was prescribed Soma three times a day, she ran out of her medication on a Thursday afternoon and was unable to get in to see her doctor until the following Tuesday. Resident #7 stated she went through withdrawal like symptoms that included sweating, shaking, and vomiting. Resident #7 stated once she began taking her Soma again she felt better.</p> <p>Employee #2 revealed Resident #7 went without</p>	Y 878			

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Y 878	<p>Continued From page 5</p> <p>medications for several days, but was not sure exactly how many days. The facility failed to provide documentation of a medication delivery log for the medications.</p> <p>A review of the February 2010 medication administration record (MAR) revealed the resident failed to sign the MAR for the 12:00 PM and 7:00 PM doses on 2/18/10; all three doses on 2/19/10, 2/20/10 and 2/21/10; and the 7:00 AM dose of medication on 2/22/10.</p> <p>Resident #1 was prescribed: *Invega (schizophrenia) 6 mg two tablets every morning. The March 2010 MAR documented the medication was given in the evening. Employee #2 stated she missed the change, had been administering the medication in the evening but would change to administering the medication in the morning.</p> <p>Resident #3 was prescribed: *Levothyroxine (hypothyroidism) 100 mg one tablet every day at 7:00 PM. The medication bottle onsite was empty. Employee #2 stated the resident took the last pill 3/28/10 and called the pharmacy to ensure the resident picked up the prescription 3/29/10.</p> <p>Resident #9 was prescribed: *Cogentin (extrapyramidal symptoms) 2 mg one tablet twice a day. The medication bottle onsite was empty. Employee #2 stated Resident #9 received the last pill in the morning 3/29/10, she called the pharmacy to ensure Resident #9 picked up his prescription 3/29/10.</p> <p>This is a repeat deficiency from the 10/28/09 State Licensure Survey.</p>	Y 878		

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Y 878	Continued From page 6 Severity: 3 Scope: 2	Y 878		
Y 885 SS=F	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication. This Regulation is not met as evidenced by: Based on observation on 3/29/10, the facility failed to ensure expired or discontinued medications for 6 of 9 residents (Resident #3, #4, #6, #7, #8 and #9) were destroyed. This is a repeat deficiency from the 10/28/09 State Licensure survey. Severity: 2 Scope: 3	Y 885		
Y 890 SS=C	449.2744(1)(a)(1)-(4) Medication / Receipt Log NAC 449.2744	Y 890		

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Y 890	Continued From page 7 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility. (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medications is removed from the facility or destroyed. This Regulation is not met as evidenced by: Based on observation and interview on 3/29/10, a log for each medication received by the facility for use by the residents was not available for review. Severity: 1 Scope: 3	Y 890		
Y 895 SS=C	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was	Y 895		

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Y 923	Continued From page 9 This Regulation is not met as evidenced by: Based on observation on 3/29/10, the facility failed to keep medications belonging to 9 of 9 residents in their original container. (Medications belonging to all nine residents were found in the medication cabinet pre-poured in medication cups inside old medication bottles.) This was a repeat deficiency from the 10/28/09 State Licensure survey. Severity: 2 Scope: 3	Y 923		
Y 930 SS=C	449.2749(1)(a) Resident File-Storage, Res Information NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: Based on observation on 3/29/10, the facility failed to ensure the files for 9 of 9 residents were kept in a locked place.	Y 930		

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Y 930	Continued From page 10 This is a repeat deficiency from the 10/28/09 State Licensure survey. Severity: 1 Scope: 3	Y 930			

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